Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COI			OATE SURVEY COMPLETED	
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H 000	Initial Comments			H 000			
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 1/13/11. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.  The findings and conclusions of any investigation by the Health Division shall not be construed as		ted in e 49, ted 9, ation				
	prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.  The census at the time of the survey was two. Two resident files were reviewed and two employee files were reviewed.  The following regulatory deficiencies were identified:  Director Duties-Needs Assessment  NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change.  This Regulation is not met as evidenced by: Based on interview and record review on 1/13/10, the needs of 2 of 2 residents were not assessed upon admission to the home (Resident #1 and #2).		al,				
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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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CNP RESI	DENTIAL CARE		5268 CASP LAS VEGAS	AIN DRIVE S, NV 89119				
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H 055	Tuberculosis-Resider	nts		H 055				
	medical facilities, facilities, facilities for individual respiratory isolation; 1. Except as otherwish before admitting a peextended care, skilled care, the staff of the findividual residential extended care, skilled care shall:  (a) Before admitting a home, determine if the (1) Has had a cough (2) Has a cough which (3) Has blood in his second, flu or other apparatory (3) Is experiencing unit (6) Is experiencing unit (7) Has been in close has active tuberculose (b) Within 24 hours at person with a history (BCG) vaccination, is home, ensure that the screening test, unless qualified to administers.	NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120)  1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.  2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED C		
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H 055	test is performed with person arrives at the days after the patient sooner.  (c) If the person has confidence the person has a secutive to tuberculin skin test on tuberculosis screenin had an initial tubercul facility or home shall a single tuberculosis thereafter, unless the designee or another I determines that the riappropriate for a less documents that deterexposure and correspexamination must be guidelines as adopted (h) of subsection 1 of 3. A person with a dopositive tuberculosis from skin testing and radiographs, but the shall ensure that the pannually for the presessymptoms of tubercul 4. If the staff of the fathat a person has had weeks and that he has ymptoms described subsection 2, the person facility or home if the respiratory isolation in guidelines of the Cen Prevention as adopted.	in 24 hours after a quafacility or home or within is admitted, whichever only completed the first at tuberculin skin test withing admission, ensure ond two-step Mantoux other single-step of test. After a person hosis screening test, the ensure that the person screening test annually medical director or his icensed physician sk of exposure is er frequency of testing mination. The risk of conding frequency of determined by following the difference in paragn NAC 441A.200. Cumented history of a screening test is exemproutine annual chest staff of the facility or hoperson is evaluated at lence or absence of losis.  cility or home determined a cough for more than its one or more of the otin paragraph (a) of son may be admitted to staff keeps the person	step ithin that as e has and g the raph of me east es in 3 ther in of and	H 055			

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person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person does not have active tuberculosis.  5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days.  6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.  7. The staff of the facility or home shall ensure that counseling of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.  7. The staff of the facility or home shall ensure that counseling of the Centers for Disease Control and Prevention set paragraph (g) of subsection 1 of NAC 441A.200.	person able to the stat care properties of the stat care properties of the facing admitted the facing admitted the facing admitted the facing admitted the facing although no long not certain the control of the contro		

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	paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person 's medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)						
	This Regulation is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 1 of 2 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident #2 - missing second step of two-step TB skin test).		ity ith				
H 065	NRS 449.179 Initial and periodic investigations or criminal history of employee or independent contractor of certain agency, facility or home.  1. Except as otherwise provided in subsection 2 within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall:  (a) Obtain a written statement from the employed or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188.		3	H 065			
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